



The Division of Workers' Compensation Level I Physician Accreditation Registration Form

The Division of Workers' Compensation is pleased to announce our upcoming Level I Accreditation seminar. This seminar is designed to assist you in understanding your administrative, legal and medical role in the Colorado Workers' Compensation system. The Division of Workers' Compensation encourages all medical professionals to learn more about the workers' compensation system by attending this seminar. By statute, Level I accreditation is conveyed only to MDs, DOs, chiropractors, dentists, podiatrists, and as of August 10, 2016, PAs. However, all medical professionals providing workers' compensation treatment are encouraged to attend the Level I Course.

Upon completion of this course, medical practitioners should be able to:

1. Define and assess maximum medical Improvement for patients who have work-related injuries or medical conditions.
2. Describe medical/ethical issues pertaining to workers' compensation cases.
3. Complete forms required by the Colorado Division of Workers' Compensation.
3. List the principles of risk assessment used to determine causality and apply them to a clinical case.
4. With regard to reviewing, generating or releasing medical records, explain how the waiver of the doctor/patient privilege in a workers' compensation case is applied.
5. Explain and apply the general principles of the Colorado Division of Workers' Compensation Medical Treatment Guidelines.
6. Apply the appropriate Rules of Procedure in matters of prior authorization and billing.

In order to register for the Level I Accreditation course, please fill out and return the registration form. Upon receipt of your registration form, we will send your study materials, a flash drive which includes the Workers' Compensation Act and Medical Treatment Guidelines and a confirmation letter indicating the process you selected.

Those eligible for accreditation: Be sure to **indicate** on the registration form your **preference to attend a seminar, or to complete the home study process**. If you choose the home study process you must complete the test at either a testing center or the Division of Workers' Compensation; we will do our best to accommodate you. We advise that you call to schedule the testing date at least two weeks in advance. The test itself will take about one hour.

Seminar participants who are licensed under the Medical Practice Act may earn Continuing Medical Education units through the Division of Workers' Compensation/University of Colorado-Denver School of Medicine. **The University Of Colorado School Of Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The University Of Colorado School Of Medicine designates this educational activity for a maximum of 8.5 AMA PRA Category 1 Credits™.** Physicians should only claim credit commensurate with the extent of their participation in the activity. Chiropractors may earn CEUs as applicable through the Board of Chiropractic Examiners.

If you have any questions, please call the Accreditation Program Office at (303) 318-8763.



Level I Accreditation Registration Form

Name: _____ Phone Number: _____

☐ Business Name: _____

Business Address: _____

City, State, Zip Code: _____

☐ Home Address: _____

City, State, Zip Code: _____

**Please indicate which address is preferred for receiving correspondence from the Division.*

Email: _____

**We do not share your information unless given permission.*

Credentials _____ Specialty _____

Professional License Number: _____ Expiration Date: _____

Please indicate if you will attend the seminar or complete the course via home study:

_____ Seminar Date of Seminar: _____

☐ Accreditation*

☐ Certification of attendance (*Applies to those that cannot become or do not wish to become accredited*)

_____ Home study (*For MDs, DOs, DCs, DDSs, DPMs and PAs only*)

☐ Accreditation*

**Per Statute accreditation may be obtained by MDs, DOs, DCs, DDSs, DPMs and PAs only at this time.*

The fee for this seminar is \$200 up until one week before the seminar. After this the fee for the seminar is \$220. Amount Paid: \$_____

**Up to 50% of your registration fee may be refunded if you are unable to attend the course.*

In order to complete your registration, please fill out the above form and send payment via check or credit card.

Mail registration form and check to:

Division of Workers' Compensation
Physicians' Accreditation
Post Office Box 628
Denver, CO 80201-0628
*Make checks payable to:
Division of Workers' Compensation*

Fax registration form to 303-318-8653

Or email to physaccred@state.co.us

Then pay online @

<https://www.colorado.gov/payment/1a>

(Additional fees may apply)

If you have any questions please contact Kay Bothwell @ 303-318-8763.

**Reasonable accommodations will be provided upon request for persons with disabilities.
If you require special accommodations to participate in the class,
Please check here: _____. We will contact you.**